



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF NATURAL RESOURCES
JEFFREY R. VONK, DIRECTOR

Notice of Relocation of Portable Equipment

A. Plant Information

Company Name _____

Mailing Address _____

Street or Box Number

City, State and Zip Code

Company Phone Number _____ Plant Phone Number _____

Present Location _____

Person to Contact regarding this relocation _____

Rated Capacity of Plant _____ (ton/hour)

DNR Air Permit Number _____ Air Quality Plant Number _____

Type of Air Pollution Control Equipment _____

B. Relocation Information

Anticipated Relocation Date _____

Anticipated Time at New Site _____

Distance from Site to Nearest Dwelling Unit _____

% Recycled Mix _____ % Virgin Mix _____

Exact Plant Location (give plant coordinates and/or attach map) _____

542-1362